Welcome to USAG - Heidelberg Command Briefing

Army Substance Abuse Program

Department of the Army Regulations

Executive Order 12564

AR 600-85

DA PAM 600-85

Objectives

Terminal Learning Objective (TLO):

A more in-depth look at Army Substance Abuse Program by reviewing the following:

Enabling Learning Objective (ELO):

Top 10 Guide to the Army Substance Abuse Program

Employee Assistance Program

Testing Designated Program

The Risk Reduction Program and its team players

Risk Factors and Protective Factors for deployed Soldiers

Commander’s Actions

A Commander's Top 10 Guide to the Army Substance Abuse Program

1. What is ASAP?

ASAP is a commander's readiness and retention program which:

Educates and trains soldiers about drugs and alcohol, unit readiness, career, their health and relationships.

Deters substance abuse – Urinalysis Program.

Early identifies soldiers with substance abuse problem.

Returns to full duty those soldiers who have rehabilitated successfully.

1. What is ASAP?

Two components

Non-clinical – handles all drug and alcohol prevention and training programs, urinalysis specimen collection, shipping and handling, risk reduction and other non clinical functions. Ex: PC, IBTC.

Sgt. Maj. of the Army Kenneth O. Preston greets cadets at Valley Forge Academy and College

Clinical – treatment and rehabilitation of soldiers identified as having a substance abuse issue.

2. ASAP Key Players

Command ASAP

ADCO (Alcohol and Drug Control Officer) – supervisor for non-clinical and clinical ASAP functions.

PC (Prevention Coordinator)- responsible for ASAP prevention and training ~~of soldiers~~.

IBTC (Installation Biochemical Test Coordinator) – subject matter expert for drug testing procedures.

EAPC (Employee Assistance Program Coordinator) – POC for civilian employees in need of assistance; responsible for ASAP prevention and training of employees. (AR 600-85 - 3 hours annually).

RRC (Risk Reduction Coordinator) – POC for Risk Reduction Program (RRP) statistics and Unit Risk Inventory (URI) Surveys.

2. ASAP Key Players

Clinical ASAP

CD (Clinical Director) – supervises clinical ASAP and POC for counseling and rehabilitation services.

Counselors – screen soldiers referred for substance abuse programs and provide treatment and counseling.

Other Personnel

Commander – Key role in the program.

UPL (Unit Prevention Leader) – POC at the unit for ASAP issues.

MRO (Medical Review Officer) – Review drug positive results for authorized prescribed use.

SJA (Staff Judge Advocate) – Legal advisor for drug and alcohol cases.

MP/CID (Military Police/Criminal Investigation Division) – Provides blotter reports and investigates drug cases.

3. Command Responsibilities

Implement and maintain, even when deployed, a unit substance abuse program (USAP).

- Appoint on orders a soldier (E-5 or above) to be trained and certified as the UPL.
- Ensure that the USAP SOP is up to date.
- Conduct random unit urinalysis (two samples per soldier per year).

ISR

ISR: Annual Installation Status Report that records how successful a BSB is in meeting the AR standards for the items indicated in this briefing.

3. Command Responsibilities

Maintain contact with both clinical and command ASAP staff.

Support and utilize RRP and work with RRC and Installation Prevention Team (IPT) ISR

Ensure required training and briefings are provided- 4hrs per soldier per year. ISR

Refer all offenses involving alcohol or drug within 72 hours (i.e. DUI, Drunk on Duty) ISR

- ASAP Referral DA Form 8003 must be completed by commander.

4. UPL/Training

PC oversees the UPL 40 hour certification course.

Once certified, the UPL is expected to assist the PC in providing or scheduling alcohol and other drug awareness training.

The UPL will also be responsible for the unit's biochemical testing program.

5. Smart Testing

Smart Testing: conducting a random urinalysis where every soldier believes that he/she can and may be tested on any given day at any given time.

The Drug Testing Program (DTP) randomly selects soldiers for urinalysis.

6. Drug Labs

Army Forensic Toxicology Drug Testing Laboratories (FTDTL): Tripler Army Medical Center (Hawaii) and Fort Mead (MD).

Positive Specimen – tested twice on screening and a third time on a confirmation test using industry standard procedures.

If one of the three is negative, the specimen is reported negative. Positive specimens are held frozen at the FTDTL for one year after report date.

6. Drug Labs

Labs have expert witnesses to:

Answer questions concerning validity of soldier defenses.

Explain what can and cannot cause a positive result.

Testify in courts-martial and board both telephonically and in person.

7. Positive Urinalysis Results

CDR notified of positive drug test

CDR Actions:

Does drug require MRO review?

YES

Drug requires MRO review as determined by USAMEDCOM

Make appointment for soldier to see MRO

MRO Makes determinations: legitimate use?

NO → ILLEGAL DRUG USE

YES

No illegal drug use → RETURN SOLDIER TO DUTY

NO

Drug does not require MRO review as determined by USAMEDCOM → ILLEGAL DRUG USE

Does this Positive require MRO review?

DRUG	MRO Review?
THC, cocaine, LSD & PCP	NO
Amphetamines	
• Amphetamines & methamphetamines	YES
• MDMA (Ecstacy), MDEA, MDA	NO
Opiates	
• Codeine & morphine	YES
• 6 MAM (heroin)	NO

BOTTOM LINE:
"All soldiers who are identified as drug abusers without exception will be processed for administrative separation with the exception of self referrals."
AR 600-85, PARA. 1-35A(3)

Commander will:

1. Consult with law enforcement.
2. Initiate flag.
3. If no law enforcement investigation, advise soldier of UCMJ Article 31 rights.
   a. If soldier remains silent or requests a lawyer, STOP conduct commander's inquiry without questioning soldier. See para 3-7A(3).
   b. If soldier waives rights then:
   - Show evidence to soldier.
   - Request contraband.
   - Request statement.
   - Complete commander's inquiry. See R.C.M. 303.
4. Refer to ASAP
5. Consider UCMJ or other adverse action. See R.C.M. 306.
6. Initiate discharge. See AR 635-200, CHs 9 and 14.

8. Limited Use Policy

- ***Always consult with SJA concerning whether or not the Limited Use Policy Applies.***

Objective:

- Encourage self referral for substance abuse.
- Facilitate treatment and rehabilitation for soldiers wanting to stop abuse.

Use:

- Prohibits the use of protected evidence against the soldier in a courts-martial, UCMJ or unfavorable characterization.
- Commander is not required to initiate separation action for self referred drug abusers.
- Soldiers discharged for positive drug test covered by the Limited Use Policy will receive an Honorable Discharge.

9. Testing a Soldier

All requests must have Probable cause (must be verified by SJA) that a soldier is using a drug other than THC, Cocaine, or Amphetamines.

The Army will always test each urine sample for Cocaine, Amphetamines, THC (marijuana)

Rotational Drugs: Memorandum stating specimen is tested for any of the rotational drugs.

State the specimen (s) to be tested for, SSN, and other identifying information from the urinalysis paperwork.

DO NOT INCLUDE SOLDIER'S NAME. Specimen will be destroyed otherwise.

9. Testing a Soldier

All requests must have Probable cause (must be verified by SJA) that a soldier is using a drug other than THC, Cocaine, or Amphetamines.

Steroids: Memorandum stating specimen to be tested for steroid. Coordinated with the IBTC prior to collecting specimen. Results take 6-8 weeks.

Special Test: For other drugs (mushrooms, prescription drugs). Prior coordination with IBTC before collection of specimen is required.

Different paperwork is completed and sent to the Armed Forces Institute of Pathology (AFIP) in MD.

9. Testing a Soldier

All requests must have Probable cause (must be verified by SJA) that a soldier is using a drug other than THC, Cocaine, or Amphetamines.

Alcohol: For a soldier impaired on duty request a legal breath or blood alcohol test on that soldier.

The ASAP does not accept such tests.

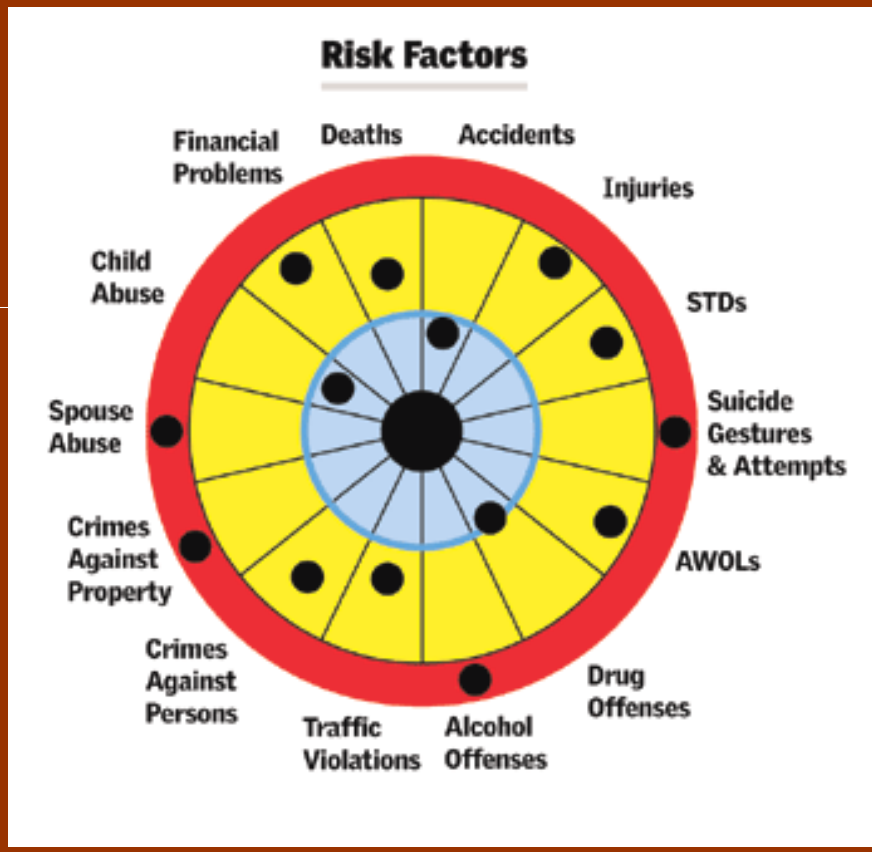
The soldier must receive a breath alcohol test from the MPs or get a legal blood alcohol test drawn at the local MTF.

10. Risk Reduction

RRP is designed to gather data about fourteen high risk behaviors that effect unit readiness.

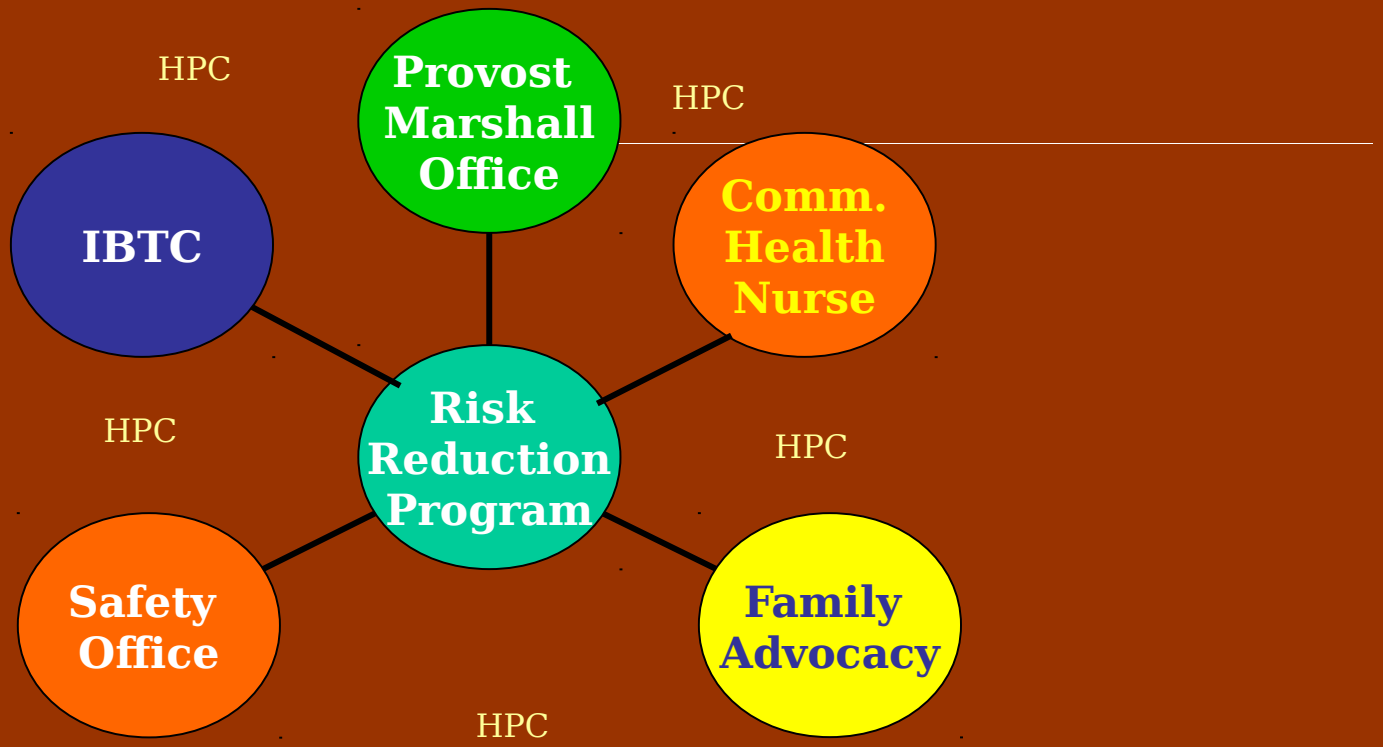
This data is compared to the installation and Army averages and then graphically displayed as a target.

Commanders can quickly identify problem areas and react with additional awareness training.



10. Risk Reduction

The Health Promotion Council (HPC) develops intervention strategies to reduce and/or eliminate high risk behaviors that have been identified among soldiers within a unit. The following are some of the agencies that make up the HPC.



Other Players:
Army Community Services
Chaplain

TEAM APPROACH

10. Risk Reduction

Unit Risk Inventory (URI)

53-item questionnaire administered to the unit on an annual basis.

URI asks soldiers about their behaviors and averages are calculated for the unit.

Results of the URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors.

Great tool for incoming commanders to assess the

1st Sgt. David C. Mitchell of B Company, 223rd Combat Engineer Battalion (Heavy) of the Mississippi National Guard, is pinned with the Bronze Star by Maj. Gen. Ray Odierno, Task Force Ironhorse and 4th Infantry Division commander

Employee Assistance Program

Provides Department of Defense employees with the opportunity to address any problem that is or could impact upon their duty performance.

Alcohol or other drug abuse related issues
- Direct services through the ASAP

Other types of problems
- Appropriate assistance through other military or civilian agencies.

Employee Assistance Program

Per AR 600-85 all DOD civilian employees are required to receive three hours of substance abuse training each year* to ensure personnel readiness, safety assurance, and ultimately the military's defense capability.

Testing Designated Position Program

Positions defined by Executive Order 12564 as sensitive positions are called Testing Designated Positions (TDP).

Employees in TDPs are subject to random testing. 50% of all TDP employees are tested annually, except Personnel Reliability Program employees who are tested once a year at a minimum.

Testing Designated Program

Categories of TDP positions within the USAG-HD footprint:

- **Authorized to carry a firearm**
- **MVO's who transport passengers at least weekly**
- **Required to maintain TOP SECRET clearance or have access to SCI**
- **Supervision or performance of controlling and extinguishing fires and/or rescuing people endangered by fires**
- **Army Substance Abuse Counselors**
- **Front line law enforcement with drug interdiction duties who have access to firearms**
- **MEDDAC and DENTAC**

Risk Factors Associated with Deployment

Risk Factors Associated with Deployment

- **Separation from family and friends**
- **Concern about well being of family**
- **Lack of sleep**
- **Concern for personal safety**
- **Feeling of helplessness concerning family**
- **Financial problems associated with deployment (NG & USAR may have significant reduced income)**
- **Depression**
- **Other issues causing stress**

Protective Factors for Deployed Soldiers Deployment

Protective Factors for Leaders to Reinforce:

- **Regular Exercise**
- **Knowledge of programs to support family (Army One Source)**
- **Mail/e-mail/telephone privileges**
- **R&R rotations**
- **Regular sleeping hours**
- **Good Diet**
- **Alternate activities – Games, intramural sports, movies, reading**

DRUG & ALCOHOL DEMAND REDUCTION

DRUG & ALCOHOL DEMAND REDUCTION

1. How do Soldiers get drugs and alcohol?
   - Through the mail from home
   - From the local population
   - Making alcohol (wine and distilled spirits)

DRUG & ALCOHOL DEMAND REDUCTION

2. Supply Reduction
   - Screening mail entering the country
   - Messages to Soldiers and family about consequences for mailing of AOD
   - Health and welfare inspections
   - Negative consequences for use/abuse
   - Reduce availability within area of operations – place duty free shops and other known distributors off limits and prohibit the sale of paraphernalia.

DRUG & ALCOHOL DEMAND REDUCTION

3. Deterrence
   - Drug Testing
   - Alcohol screening
   - Negative consequences
   - Health & Welfare inspections

4. Education/Training
   - Consequences of the introduction, possession, sale, transfer, manufacture or consumption of alcoholic beverages or illegal drug use
   - Health consequences of drug and alcohol use/abuse
   - Stress management

DRUG & ALCOHOL DEMAND REDUCTION

Some symptoms of Alcohol Abuse

- Repeated problems at work
- Risking physical safety such as driving or operating machinery
- Recurring trouble, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk
- Continuing to drink despite alcohol-related difficulties

DRUG & ALCOHOL DEMAND REDUCTION

Some symptoms of alcohol dependence include:

- Craving a drink of alcohol
- Inability to stop or limit drinking of alcohol
- Needing greater amounts of alcohol to feel the same effect
- Withdrawal symptoms if alcohol is stopped, includes:
  - Nausea
  - Sweating
  - Shaking
  - Anxiety
  - Increased blood pressure
  - Seizures

DRUG & ALCOHOL DEMAND REDUCTION

Some symptoms of opium abuse include:

- depression
- sleep disturbances
- lack of interest
- suicidal ideation
- poor coping skills

DRUG & ALCOHOL DEMAND REDUCTION

Some symptoms of Marijuana abuse include:

- loss of energy
- lack of concentration
- memory loss
- decreased performance at work
- agitation
- insomnia, irritability
- anxiety

DRUG & ALCOHOL DEMAND REDUCTION

Some symptoms of Cocaine abuse include:

- obsession
- craving
- loss of appetite
- nosebleeds
- stomach cramps
- cold sweats
- increased heart rate

Commander's Actions

Commander's Actions

1. Set the Example – do not turn a blind eye or indulge in the use of alcoholic beverages or drug use.
2. Take actions against Soldiers who are caught using drugs and/or alcohol.
   - Ensure Soldiers are aware of the consequences of drug or alcohol use.
   - All users should be punished regardless of rank or position.
   - Consider delaying separation actions against Soldiers until their rotation in country is completed; Sending a Soldier home may be viewed as a reward.
   - Utilize UCMJ and administrative actions such as flags, restriction, etc., to punish abusers.
   - Consider removing NCOs and Officers from

Commander's Actions

3. Educate leaders and Soldiers on the potential problems associated with alcohol use and the consequences of being caught.
4. Conduct Health and Welfare inspections to find stashes of drugs and alcohol both in living and work areas.
5. Conduct random searches of Soldiers and vehicles returning from convoys or missions within the local communities.
6. Do random drug testing and if possible alcohol screenings.
7. Drug test Soldiers returning from R&R.

PRE-DEPLOYMENT CHECKLIST

PRE-DEPLOYMENT CHECKLIST

1. Ensure trained and currently certified Unit Prevention Leaders (UPL) are deploying with the unit.
2. Take drug testing, packaging and shipping supplies with you on deployment.
3. Download and utilize the Modifiable Deployment Testing SOP from ASCAP (https://ssob.acsap.hqda.pentagon.mil/sso/pages/index.jsp).
4. Coordinate all aspects of the ASAP with the Alcohol and Drug Control Officer (ADCO)
5. Provide Unit Education
    - Drug and alcohol threat briefings
    - Policies for alcohol use while deployed
    - Stress and anger management

RE-DEPLOYMENT CHECKLIST

RE-DEPLOYMENT CHECKLIST

1. Refer all Soldiers who have received a positive urine test or who have had an alcohol or drug related incident prior to/or during deployment to the ASAP Clinic for resumption of treatment or for an initial screening.
2. Implement any actions deferred while in theater, such as administrative or disciplinary actions.
3. Contact the ASAP's Risk Reduction Coordinator to schedule the Redeployment Unit Risk Inventory.
4. Provide Unit Education
   - Responsible drinking
   - Stress and anger management

Summary

- Top 10 Guide to the Army Substance Abuse Program
- The Risk Reduction Program and its team players
- Risk Factors and Protective Factors for deployed Soldiers
- Commander’s Actions
- Pre and Re-Deployment Checklists

QUESTIONS

Question # 1

- **The Army Substance Abuse Program is a commander's readiness and retention program.**

a. True

b. False

Answer: A

Question # 2

- **What services are provided by the non-clinical component of ASAP?**

  a. Alcohol and drug prevention training

  b. Risk Reduction

  c. Urinalysis Program

  d. All of the above

Answer: D

Question # 3

The Clinical Component of ASAP treats and rehabilitates soldiers identified as having substance abuse issues.

a. T
b. F

ANSWER: A

Question # 4

Who are some of ASAP Key players?

a. Prevention Coordinator
b. Installation Biochemical Test Coordinator
c. Clinical Director
d. Command
e. All of the above

ANSWER: E

Question # 5

What are my responsibilities as a commander with ASAP?

a. Conduct smart testing even while deployed

b. Ensure all soldiers receive 4 hours of substance abuse prevention education

c. Report all DUI’s and alcohol related incidents to the ASAP within 72 hours

d. All of the above

ANSWER: D

Question # 6

What is “Smart” testing?

a. Back to back testing
b. Asking for volunteers
c. Weekend/Holiday testing
d. Letting soldiers off the hook when they say they can’t go or claim “shy bladders”
e. Utilizing the DOD Drug Testing Program (DTP).

ANSWER: A, C,

Question # 7

The Federal Toxicology Drug Testing Lab tests each positive specimen two times for accuracy.

a.T

b.F

ANSWER: B...a positive specimen is tested three ti

Question # 8

"All soldiers who are identified as drug abusers without exception will be processed for administrative separation with the exception of self referrals." AR 600-85, PARA 1-35A(3)

a.T

b.F

ANSWER: A

Question # 9

The objectives of the “Limited Use Policy” are to:

a. Facilitate the identification of alcohol and other drug abusers by encouraging reporting through self-referral.

b. Facilitate the treatment and rehabilitation of those abusers who demonstrate the potential for retention.

c. Both a and b

d. b only

ANSWER: C

Question # 10

What drugs are always tested for by the Army?

a. Cocaine, opiates, marijuana
b. Ecstasy, mushrooms, steroids
c. Barbiturates, LSD, cocaine
d. Cocaine, amphetamines, marijuana

ANSWER: D

Question # 11

The Unit Risk Inventory is a great tool to adjust training and prevention efforts to reduce high risk behaviors.

a. T

b. F

ANSWER: A

Question # 12

What is the Employee Assistance Program?

a. Provides assistance to DOD civilian employees

b. Trains and educates DOD civilians on substance abuse prevention.

c. a only

d. a and b

ANSWER: D

Question # 13

Employees in Test Designated Positions are not subject to random testing annually.

a. T

b. F

ANSWER: B

Question # 14

Some risk factors associated with deployment are:

a. Lack of sleep and separation from family and friends

b. Depression and financial problems

c. Concern for safety and stress

d. All of the above

ANSWER: D

Question # 15

Three protective factors that leaders must reinforce are regular exercise, good diet and mail/email privileges.

a. T

b. F

ANSWER: A

Question # 16

Which sentences are correct?

a. Two ways soldiers receive drugs are locally and from home.

b. Two ways to reduce the supply of drugs are health and welfare inspections and negative consequences.

c. Two ways to deter drug abuse are drug testing and education.

d. a and b

e. a and c

f. All of the above

ANSWER: F

Question # 17

Two symptoms of alcohol abuse are repeated problems and inability to stop drinking.

a. T

b. F

ANSWER: B....inability to stop drinking is a sign of alcohol dependence

Question # 18

Which statements are correct?

a. Marijuana use can result in anxiety and memory loss

b. Opiate abuse can lead to suicidal ideation and poor coping skills.

c. Cocaine abuse symptoms are cold sweats, stomach cramps and nose bleeds.

d. Abuse of alcohol, marijuana, opium and cocaine may effect mission essential operations.

e. All of the above

f. a, b, and c

ANSWER: F....abuse of any drug *will* effect mission essential operations.

Question # 19

Which statement is correct?

a. Commanders can reduce substance abuse by ensuring all soldiers are aware of the consequences regardless of rank or position.

b. Commands should include a pre-deployment checklist that ensures trained UPLs deploy with their unit.

c. Upon re-deployment, all commanders should refer to the ASAP any soldier guilty of substance abuse during deployment.

d. All of the above

ANSWER: D

LANDSTUHL ASAP
BLDG 3820, ROOM 207
LANDSTUHL REGIONAL MEDICAL CTR
LANDSTUHL
DSN: 486-6121 CIV: 06371-86-6121

HEIDELBERG ASAP
BLDG 3752, ROOM 306
RÖMERSTRASSE 104
HEIDELBERG
DSN: 370-6069 CIV: 06221-57-6069

MANNHEIM ASAP
BLDG 214, ROOM 1
SULLIVAN BARRACKS
MANNHEIM
DSN: 385-2601 CIV: 0621-730-2601

DARMSTADT ASAP
BLDG 4006, ROOM 302
CAMBRAI FRITSCH KASERNE
DARMSTADT
DSN: 348-6750 CIV: 06151-69-6750

Alcohol & Drug Control Officer: ASAP Division Office, Bldg. 128, Patton Barracks, DSN: 373-7475 CIV: 06211-17-7475